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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/755,498		
Filing Date	January 5, 2001		
First Named Inventor	Michael Yip		
Group Art Unit	2155		
Examiner Name	Y.N. Won		
Total Number of Pages in This Submission	2	Attorney Docket Number	2717P030

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Technology Center 2100

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; width: 100%;">Return Receipt Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lisa Tom, Reg. No. 52,291 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	October 16, 2002	

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231 on:

October 16, 2002

Typed or printed name	Deborah L. Higham		
Signature		Date	October 16, 2002

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.TOTAL AMOUNT OF PAYMENT (\$)
0.00

Complete if Known

Application Number	09/755,498
Filing Date	January 5, 2001
First Named Inventor	Michael Yip
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Group/Art Unit	2155
Attorney Docket No.	2717P030

METHOD OF PAYMENT (check one)
 Check Credit card Money Order Other None
 Deposit Account
Deposit Account Number **02-2666**Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
24	24*	0	\$0.00
5	5*	0	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple Dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			

*or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet.
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920*	112	920 * Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840 * Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	400	216	200 Extension for reply within second month
117	920	217	460 Extension for reply within third month
118	1,440	218	720 Extension for reply within fourth month
128	1,960	228	980 Extension for reply within fifth month
119	320	219	160 Notice of Appeal
120	320	220	160 Filing a brief in support of an appeal
121	280	221	140 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,280	241	640 Petition to revive - unintentional
142	1,280	242	640 Utility issue fee (or reissue)
143	460	243	230 Design issue fee
144	620	244	310 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Prosessing fee under 37 CFR 1.17(q)
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lisa Tom	Registration No. (Attorney/Agent)	52,291	Telephone	(503) 684-6200
Signature	<i>Lisa Tom</i>			Date	10/16/02

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